

Reimbursement Request

Form 2300-269 (R 1/01)

Notice: This form is required under ss. 20.370(5)(fr) and 29.887, Wis. Stats., and s. NR 50.23, Wis. Adm. Code. Failure to provide this information may result in denial of benefits. Personally identifiable information on this form will be used for managing grants and is not intended to be used for any other purpose.

Instructions: Complete entire form and attach the following required documents:

1. Completed Reimbursement Claim Worksheet, Form 8700-274, for **all** grant expenses.
2. Photocopy of vendor invoices, vouchers, front side of canceled checks or bank statement that shows checks cleared.
3. Copy of proposals, contracts and change orders (if not previously submitted).

Submit the signed original copy of this form with the above attachments to the Urban Wildlife Damage Abatement and Control Grant Manager - CF/8, Wisconsin Department of Natural Resources, PO Box 7921, Madison, WI 53707-7921.

Checks will be mailed to the owner of the Tax Identification Number (TIN) submitted with the signed grant agreement.

Grantee Information

Grantee Name _____

Project Number _____

Type of Request

☐ Final

County _____

Computation for Reimbursement

**Leave Blank
For DNR Use Only**

A. Total Program Expenditures

\$

\$

B. State Cost Share Percent

50%

\$

C. Multiply Amount on Line A by % on Line B

\$

\$

D. Approved Maximum State Grant Amount

\$

\$

E. Total State Share - Enter Lesser of Lines C or D

\$

\$

F. Less Advance Payment

\$

\$

G. Amount Requested for Reimbursement - Line E minus Line F

\$

\$

Certification

I certify that to the best of my knowledge and belief the billed expenditures are based on actual payments of record and are in accordance with the terms of the grant agreement and the reimbursement represents the grant share due which has not been previously requested. I also certify that the municipality has received and paid for all goods and services invoiced.

Grant Manager Initials _____

Bur. Finance Initials _____

Date _____

Signature of Authorized Representative _____

Date Signed _____

Typed or Printed Name _____

Title _____

Telephone Number (include area code & extensions) _____